

Employee Commute Survey

Employee Name: _____ Telephone No: _____
Date: _____

A. Information on Employee's Daily Commute. Please check ☒ how you commuted TO work for each day of the week starting _____ to _____. Only count one commute trip for each day. If you take more than one commute mode on a particular day, check the commute mode taken for the longest distance during your commute to work.

Commute Mode	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total # of Trips
Drive Alone								
Carpool*								
Vanpool **								
Boat/Ferry								
Public Transit								
Bicycle								
Walk								
Other *** _____								
Out of Office****								

* A carpool carries 2 to 7 passengers. ** A vanpool carries 8 or more passengers. ***Other commute modes include telecommuting, flextime day off, transportation by motorcycle, etc. **** includes vacation, sick, jury duty, off-site meeting, etc.

B. Employment Information. Please provide the following employment information. Check ☒ if "yes". Do you:

- ☐ Work at least 17 hours per week for 20 or more weeks per year at this facility?
- ☐ Begin and complete your workday between the hours of 6 a.m. and 8 p.m.?
- ☐ Use your vehicle for work purposes less than 5 times a month?

C. Commute Background Information. Please provide the following information regarding your commute to work:

1. Why have you chosen your commute method? _____
2. Are you interested in (check if "yes"): carpooling ☐ vanpooling ☐ bicycling ☐ public transit ☐
walking to work ☐ other _____
3. What improvements would you like to see in public transit that would encourage you to take public transit daily (e.g. improved transit schedules, pick-up or drop-off locations)?

4. What can this facility do to encourage you to take other alternative forms of transportation (e.g. carpooling, vanpooling, bicycling, etc.)? _____

5. What city/town do you commute from? _____

Thank you for responding to this survey.